logical). The effect of these have been clearly demonstrated in another recent study(2).

We must reorient ourselves and focus our attention to the most vulnerable target population (0-3 yrs) and even trace them backwards to provide appropriate inputs to pregnant women and adolescents (girls and boys). This is only possible by mobilizing the community who should be responsible enough not only to demand and generate appropriate services but would evaluate and monitor themselves. Only that way it will be sustainable and cost-effective too. The "viewpoint" on 'Integrated Child Development Services Programme' in this regard is comprehensive and the suggestions are not appropriate(3+0).

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Reply

We appreciate Dr. De's comments on our paper. As discussed in our paper the improvement in child survival would have definitely been attributable (at least in part) to the good MCH services provided. The female literacy was 54% in 1989 compared to 18% in 1966 and the would also have contributed to improving the child survival. Since the scope of our study was limited to a general evaluation of impact of MCH strategy on survival, the assessment of nutritional status was not included. An assessment on the effect on the nutritional status would require a more stringent study design capable of controlling extraneous variables. Such studies are definitely pertinent and are recommended. Along with Dr. De's suggestion for a shift in emphasis to the care of the younger under five (0-3 years), we strongly emphasize that the perinatal and neonatal care be given high priority. As evidenced in our study, the neonatal mortality was more difficult to control than the post neonatal mortality. Research is needed to identify effective methods for management of perinatal and neonatal effective methods for management of perinatal and neonatal problems at low cost and which are suitable for Indian conditions. Some of these methods were discussed in our study.

We also agree with Dr. De's suggestion for inputs for adolescent girls and boys in effecting a better child survival. For community participation, self reliance and cost effectiveness recommended by Dr. De, we suggest methods of community financing. Though community financing has had mixed experiences(l,2), we have found

community financing (in terms of monetary and non-monetary inputs) to be an effective and sustainable method for community health care(3), especially in remote inaccessible areas.

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